

Member Name _____

Name of School Board _____

Policy Number(s) 175360 OPC # Employee ID

Long Term Disability

Please complete this section if you have decided to terminate your current LTD coverage.

Premium deductions will continue until the OPC receives your completed application to terminate coverage. Your coverage will not be automatically terminated on your pension eligibility date. If you want to change your LTD option, contact OPC Benefits (opcbenefits@principals.ca).

Current coverage

- Option 1 – 100 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension.
- Option 2 – 150 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension.
- Option 3 – 100 calendar day elimination period, terminates when you attain the 85 Factor.
- Option 4 – 150 calendar day elimination period, terminates when you attain the 85 Factor.
- Option 5 – 100 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension. PLUS COLA of CPI to a maximum of 3% after 12 months of paid benefit.

I am applying to terminate my current LTD coverage for the following reason(s), with an effective date of _____.

- I have LTD coverage under an Individual Policy insured by _____
- LTD Coverage is not mandatory at my board and I do not want LTD Coverage
- I am turning age 65 on _____
- I have attained or will attain my 85 factor effective _____ *
- I am eligible or will become eligible for a 70% unreduced pension effective _____ *
- I am retiring/have retired effective _____ *
- Other (please describe) * _____

* **If employed in a board where LTD coverage is mandatory (Durham, Greater Essex, Ottawa-Carleton, Peel, Trillium Lakelands, Upper Grand), you must provide one of the following, based on the reason for termination:**

- **Copy of Teachers’ Pension Plan service credit statement showing your pension eligibility date**
 - **Copy of retirement notice as well as the board’s acceptance of the notice**
 - **Copy of notice of promotion (to Board Senior Staff) or written confirmation from the Board**
- Note: In some cases, the OPC must first obtain approval from the Board prior to terminating your LTD coverage**

Date: _____ Member Signature: _____

